

Years of Aloha...

hawai'i state department of health

2001 ANNUAL REPORT

HISTORICAL MILESTONES

1851

Legislature confirmed formation of the Board of Health which had been directed by King Kamehameha III and his Privy Council. Health budget of \$10,000 appropriated by Legislature.

1853

Islands swept by smallpox epidemic.

1854

Smallpox vaccination made compulsory.

1862

King Kamehameha IV recognizes needs of the mentally ill and authorizes a place of care.

1865

Isolation law and establishment of Kalaupapa/Kalawao for Leprosy.

1895

Epidemic outbreak of cholera.

1926

Bureau of Maternal and Infant Hygiene established. First course in Public Health Nursing offered at the University of Hawai'i.

1929

Hawai'i admitted to U.S. Registration area for registration of births.

1930

Bureau of Public Health Nursing established.

1939

Office of Health Education established.

1941

Bureau of Industrial Hygiene established. First mobile X-ray unit purchased. Regulation passed requiring food handlers to have yearly x-rays.

1945

All applicants for marriage licenses required by law to have blood tests for syphilis.

150 Years of Public

1896

Bureau of Vital Statistics created by Legislature for registration of births, marriages and deaths.

1898

Food Commissioner's Department created. Pure Food & Drug Law adopted. Bureau of Pure Food & Drugs established.

1899

First bubonic plague case in Territory reported. First sewers laid.

1903

Hawai'i's first dengue fever epidemic with 30,000 cases reported.

1906

First public health nurse employed by Palama Settlement chiefly for tuberculosis control.

1910

Bureau of Tuberculosis established.

1946

Sulfones used for Hansen's Disease patients, first effective treatment in use in Hawai'i.

1947

Bureau of Laboratories and Bureau of Nutrition established.

1949

Separate Cancer Bureau and Dental Division added.

1952

Tuberculosis death rate in Hawai'i improves from one of the highest in the nation to one of the lowest.

1965

Hawai'i Newborn Metabolic Screening Program began with passage of legislation that mandated screening of all newborns for phenylketonuria (PKU). Preventive medicine for tuberculosis infection initiated. Emphasis on child-centered program begins with first grade tuberculin testing, search for sources of infection in schools, and preventive treatment.

1969

Forced isolation for Hansen's Disease ended in Hawai'i. Those patients who wished to remain in the Kalaupapa Settlement are allowed to do so. Statue of Father Damien unveiled in Statutory Hall, Washington DC. Identical statue placed in front of Hawai'i State capitol.

1972

DOH empowered to develop regulations for prevention, control and abatement of noise.

1973

State Office of Family Planning Services established.

1974

WIC started to provide nutritious foods, education and referral services for economically disadvantaged pregnant women, infants and children. School entry immunization law passed.

1976

First public health codes established on vehicular and community noise in Hawai'i.

1989

Injury Prevention and Control Program established.

1990

Nation's first statewide state funded sterile syringe exchange program established. Establishment of Environmental Response Law and Voluntary Response Program authorizing Hawai'i to establish and maintain state response capability to oil and hazardous substance releases.

1991

Voluntary Food Handlers' Education and Certification Program established. New Hawai'i State Hospital facility opens to provide care for Hawai'i's most severely and chronically ill patients.

1994

Women's Health Month initiated by Hawai'i State Commission on Status of Women making Hawai'i the only state to devote one month of awareness to women's health issues.

Health in Hawai'i

1977

Safe Drinking Water Program established to monitor potable water quality for all public water systems.

1980

Statewide port-of-entry cordon sanitation program established. Kalaupapa National Historical Park established.

1982

Hansen's Disease Community Program established - mainstreaming the treatment with the use of multi-drug therapy.

1983

Start of AIDS case reporting in Hawai'i.

1984

DOH signs 20-year agreement with National Park Service on management of Kalaupapa. Initiated nation's first non-blood donor HIV counseling and testing services.

1988

Friendship House, the first "clubhouse model" program in Hawai'i, established for adults with chronic mental illness on Kaua'i.

1995

New state-of-the-art State Laboratory facilities open in Pearl City.

1999

Legislature established Tobacco Settlement Special Fund to support primary prevention (diet, physical activity and smoking control) programs. State Laboratory establishes bioterrorism lab. Hawai'i State Hospital receives national JCAHO accreditation.

2000

Hawai'i adopts nation's first legislatively initiated legalization of medical marijuana.

2001

Rules regulating asbestos established. Bioterrorism response plan established for the City and County of Honolulu. Planning and coordination begins with other Counties and hospital facilities. State Laboratory becomes one of the few in the nation with Leptospirosis MAT and Dengue Fever pan-bio testing capabilities.

150 Years of

On May 8, 1851, the Legislature confirmed the first Board of Health in the Kingdom of Hawai'i.

The new board had been directed by a Resolution of King Kamehameha III and his Privy Council to "provide for the preservation and cure of contagious, epidemic, or other diseases" and to enforce sanitary measures.

On May 16, 1853, the King, the Nobles and the Representatives of the Hawaiian Islands approved an act which provided for the King to appoint a Commission that had the same powers and duties as the Board of Health for Honolulu, and with the power to extend the same to all parts of the Kingdom. This was the first Board that had jurisdiction over all of the islands.

In recognition of 150 years of public health in Hawai'i, we have provided small glimpses of yesterday by including historical photos of our department throughout this report.



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PHILOSOPHY • MISSION

Philosophy

Health, that optimal state of physical, mental, social and environmental well-being is a right of all the people of Hawai'i and a responsibility which must be shared by all.

Mission

The mission of the Department of Health is to provide leadership to monitor, protect and enhance the health and environmental well-being of all the people of Hawai'i.

Public Health in Hawai'i

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To the Governor, Legislature and citizens of the State of Hawai'i...



*Bruce S. Anderson, Ph.D., M.P.H.
Director of Health*

History will certainly record this past year as one of the most challenging and successful in the department's 150 years of accomplishments to the people of Hawai'i. Not only did we successfully meet the challenges of responding to emergencies, but we continued to make significant strides for Hawai'i to be the healthiest state in the nation.

In March we faced the most extensive chemical spill in the state's history with the spread of toxic mercury at the Puuwai Momi housing complex and 18 other areas on Oahu. Working around the clock, we organized and implemented an effective response. Collaborating with private, county, federal, military and other state agencies, affected residents were evacuated and contaminated areas were identified and cleaned up.

The dengue fever outbreak was the most acute public health incident to occur in recent years and had the potential to be a major, statewide epidemic. Our rapid and effective mobilization of resources to control mosquitoes and educate the public on control methods prevented the outbreak from becoming widespread.

Following on its heels, we successfully eliminated bioterrorism threats by playing a lead role in surveillance, tracking, investigation, consultation, public education and coordination of resources with medical facilities and County, State and Federal agencies.

The state made significant progress in attaining compliance with the Felix Consent Decree by giving more students the mental health services and support they need to benefit from their education. The state also achieved national recognition for its work in this area by being selected as one of five states to participate in the third Policy Academy of Developing Systems of Care for Children with Mental Health Needs and Their Families.

We launched a statewide collaborative educational campaign to help prevent heart disease, cancer, diabetes and other chronic health problems that sadly plague many of Hawai'i's people. The multi-media campaign called "Start.Living.Healthy." promotes better nutrition, physical activity, and tobacco use prevention so as to lower the staggering cost of health care while providing for a healthier and more productive Hawai'i.

These are but a few of the many major accomplishments this past year that are highlighted in this annual report. They demonstrate a continued pattern of dedication, professionalism and excellence consistent with the past 150 years. It is worth repeating that our successes this past year were achieved because our staff at the Department of Health is among the most dedicated and qualified in the state. I am grateful for the commitment and support each one of them bring every day to public health in Hawai'i.

We all know serious health problems still exist. More teenagers are smoking and abusing drugs than ever before, and segments of our population, primarily native Hawaiians, have some of the worst health statistics in the U.S. It is a sad fact that most are preventable.

Inspired by what has been achieved in our proud history, we remain committed to sustain our efforts and establish a stable and consistent system of care. We will continue to find ways to provide services in the most efficient and appropriate manner. With the continued dedication and hard work of staff and support from the community and the legislature, we will achieve our goal of making Hawai'i the Health State and a center for health and wellness in the Pacific.

Mahalo,



Bruce S. Anderson, Ph.D., M.P.H.
Director of Health



1961

State of Hawai'i
Department of Health Building

Dengue Fever

The dengue fever outbreak was the most significant acute public health incident

to occur in Hawai'i in recent years and the department to date has been successful in its efforts to control the spread of the disease. With the confirmation of dengue in Hana, Maui on September 13, 2001, the DOH rapidly and effectively mobilized its resources to prevent the outbreak from becoming endemic.

In addition to enlisting the help of a team of experts from the U.S. Centers for Disease Control and Prevention (CDC) Dengue Laboratory in Puerto Rico, the department focused all available resources on a three-pronged approach to address the potential for statewide spread of a disease that had infected tens of thousands and caused fatalities in related outbreaks in the South Pacific.

The approach included heightened surveillance to investigate, confirm and track disease reports; aggressive and widespread vector control measures to eradicate infected mosquitoes and reduce breeding areas; and extensive public outreach to educate the public on prevention and mosquito control. During the outbreak, the State Laboratory also expanded its ability to conduct CDC confirmatory testing of blood samples for dengue.

Success was primarily due to the tremendous efforts of such groups as Communicable Disease, Epidemiology, Vector Control, Environmental Health, State Laboratories, Public Health Educators, Communications and District Health Offices. It also would not have been possible without the commitment and cooperation of other state agencies such as the Department of Land and Natural Resources and the Department of Transportation, all four Counties and the private tourism sector.

1911

Hawai'i Department of Health's first mosquito inspectors.



1943

Spraying for Dengue Fever.



*Mosquito Control 1960s
started in '40s*

Bioterrorism

To guard against possible immediate threats of bioterrorism since September 11,

the department conducted statewide heightened surveillance activities and community education concerning anthrax. The State Laboratories Division bioterrorism preparedness microbiology staff evaluated over 475 letters, packages, and unknown substances for possible anthrax and expanded their capacity to expedite preliminary testing. Together with the U.S. Post Office, the department worked to assure the public that the mail was safe and free of anthrax.

For the long-term, the department has brought together Hawai'i's communities to address the utilization of resources statewide for response to a biological terrorism event. Bioterrorism plans have been developed for each of the Counties which identify resources and capabilities within each County. Neighbor Island plans include support and assistance from resources on Oahu. Protocols for the management of such bioterrorism threats were revised based on current experience with the response to threats of anthrax exposure.

The Department of Health will play a lead role coordinating resources for surveillance, prophylaxis and medical care with County public safety agencies, medical facilities, emergency ambulance services in concert with County, State and Federal agencies.

2001

Responding to suspected anthrax.



6

staff evaluated over 475 letters, packages, and unknown substances for possible anthrax



Mercury Spill

In March, we were challenged with one of the largest chemical spills

in the state's history with the spread of toxic mercury throughout the Puuwai Momi Housing Project and in 19 other areas on Oahu. Children, unaware of the dangers of mercury, found the element in an old pump house with broken meters and unwittingly brought it into and around their homes, school and play areas.

Responding quickly and efficiently to protect health and safety, our Hazard Evaluation and Emergency Response staff worked diligently to identify and clean these sites along with the source of mercury. They coordinated an extensive effort with other emergency response agencies including Civil Defense, State Department of Defense, Police and Fire, the military and the Red Cross. Public Health Nurses and Epidemiology staff

supported the effort with education and testing of residents and affected public.

The housing project was made safe again for residents with the cleaning of 71 housing units and 19 other sites contaminated with toxic mercury.



Model Health Powers Act

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Critical to timely and effective response in times of emergency

is the requirement for appropriate Emergency Health Powers. In this regard, the department has been working with Civil Defense and the AG to review and update current laws relating to such key issues as quarantine, information collection, control of health facilities, indemnification, immunity, privacy issues and individual rights in the event of a public health emergency or in the investigation of a potential emergency. In a collaborative effort with other state agencies, we have recommended changes to current laws with proposed Emergency Health Powers legislation. This will further strengthen our ability to respond effectively to public health emergencies.



Health Resources

Behavioral Health

2001 HIGHLIGHTS

*Environmental
Health*

Administration



Health Resources

HEALTHY HAWAII INITIATIVE

Though many people cite Hawai'i as one of the healthiest states in the union,

far too many of our citizens continue to suffer needlessly from preventable health problems such as being overweight, high blood pressure and smoking related illnesses. Fifty percent of adults in Hawai'i are over-weight or obese, close to 20 percent are smokers and 80 percent do not engage in regular exercise.



To ensure that we are indeed the Health State, we have strengthened our efforts through the Healthy Hawai'i Initiative to improve the overall health of residents by addressing critical risk factors of poor nutrition, lack of physical activity and tobacco use. This is being accomplished through school-

based programs, performance and outcome measures, public and professional education programs, and community-based initiatives. Emphasis has been placed on the healthy development of children and adolescents so that they develop healthy habits for life.

The Healthy Hawai'i Initiative funds social and environmental change planned and carried out by community-based organizations ranging from schools to non-profit coalitions. These funding efforts reflect a growing recognition in public health that personal lifestyle choices are strongly influenced by the environment in which we live.

Funding has been awarded to 26 communities statewide for health priority planning and action plan implementation. Another round of funding is in progress. In addition, 16 Department of Education schools statewide are funded to improve the health of our students.

A multi-media campaign called "Start.Living.Healthy." was launched. The statewide collaborative educational campaign is designed to help prevent chronic health problems that sadly plague many of Hawai'i's people. By promoting healthier lifestyles, we expect to lower the staggering cost of health care while providing for a healthier and more productive Hawai'i. The theme line for the campaign is "You gotta start somewhere – Start.Living.Healthy."

Hawai'i Outcomes Institute

A major goal is to provide the information and skills needed for communities to improve health. To address this, the Healthy Hawai'i Initiative developed the Hawai'i Outcomes Institute (HOI) in partnership with the University of Hawai'i. HOI is designed to be a neutral, credible resource to integrate, analyze and share information with communities, agencies, potential funders and legislators to support informed decision-making about the health and welfare of Hawai'i's people.

Supporting this goal, the Hawai'i Outcomes Institute convened a group of Healthy Hawai'i Initiative team members in early 2001 to identify indicators that would measure the overall health of our population. The Institute chose 110 such indicators, representing 15 health categories, to be continuously monitored as a means of measuring the progress of Hawai'i residents toward living healthier and longer lives.

A preliminary set of data for the indicators was compiled in November 2001. An objective of this project is to collect and report health data for each of the 26 communities defined by the Healthy Hawai'i Initiative. While people in Hawai'i are generally considered healthier than people on the Mainland, data suggest that differences in health status exist among Hawai'i's various communities.



1906

The first public health nurse was employed at Palama Settlement chiefly for tuberculosis control.

EARLY INTERVENTION and HEALTHY START

Due to strong administration and legislative support, Hawai'i has taken a major step towards supporting

the optimum growth of every child. As a result of full funding, now all infants born in Hawai'i will be screened for family factors that place the infant at risk for child abuse and developmental delays.

The funding also provides home visitation services to at-risk families, increasing coverage from 50 to 100 percent. This will strengthen bonding and attachment, and enhance family functioning. The Early Intervention program received increased funding to allow full assessments and provision of services for children 0-3 who are developmentally delayed. This additional funding brings the State into compliance with the Individual with Disabilities Act (IDEA), a federally mandated program.

Through purposeful and intensive planning over several years, the department has partnered with other state agencies and the health community to craft a comprehensive Child Death Review System for the state. Now a multidisciplinary team of professionals will review every child's death in Hawai'i to assure that avoidable deaths will be prevented. Hawai'i joins other progressive states across the nation in implementing this bold preventive public health strategy to save children's lives.

DEVELOPMENTAL DISABILITIES

Our Developmental Disabilities programs are centered on the principle of self determination.

Consistent with this philosophy, our efforts are directed toward the development of person-directed plans which reflect the choices of consumers and family members. Person-centered planning supports a person with developmental disabilities to develop his or her vision, dreams and goals that, in turn, drive the service system.

Programs promote a culture both internally and externally that places support first. Programs support and encourage at all levels, minimize system control over peoples' lives, and maximize choice and control over their own lives. Government dollars become investments in the individual and one's personal outcomes. Moreover, partnerships are developed between individuals with developmental disabilities and their families, support workers and service providers, advocates and government organizations to help foster community integration.

We have made great strides in taking individuals out of institutional settings and moving them into community programs with more self-directed goals. With the closing of Waimano Home, we were able to successfully place all consumers from those programs and we are continuing to build programs and identify individuals in need of support services.

A major accomplishment was the completion of a Five Year Strategic Plan coupled with specific outcomes to achieve in the areas of self-determination, long-term supports and services, waitlist for services and maximization of finances. As a result of this planning process, we can now establish a continuous quality improvement effort based on individual outcomes and organizational responsiveness.

DENTAL HEALTH Initiatives

The National Oral Health Report Card gave Hawai'i the highest cumulative average

grade of any state. This recognition by the advocacy group Oral Health America is testament to the hard work of public and private sectors working together to improve oral health in our community.

Despite this good showing, we still have much to do to ensure that Hawai'i remains a leader in oral health. We can and need to make further progress by increasing the utilization of proven, cost-effective prevention measures and that more people receive dental care on a regular basis.

While Hawai'i did well, the National Report Card did not consider rates of dental disease among children. We continue to have a very high rate of tooth decay which is costly for families with children. Moreover, it affects our taxpayers who support programs like Medicaid that pay for dental care for about 10 percent of Hawai'i residents. We'd rather prevent tooth decay than continue to focus on treating the disease. Bringing fluoridation to Hawai'i would significantly lower the need and expense of dental treatment for the whole community.

The National Oral Health Report Card highlighted Hawai'i as being among only ten states where less than 50 percent of residents benefit from receiving optimally fluoridated drinking water. Currently, only 9 percent of Hawai'i's residents have access to fluoridated drinking water, which places Hawai'i second lowest in the nation.

Currently, only 9 percent of Hawai'i's residents have access to fluoridated drinking water.

Research data has shown that children in Hawai'i suffer from among the highest rates of tooth decay in the nation – more than twice the national average. To reduce the prevalence, severity and costs associated with dental disease, we continued to seek legislative support for the adjustment of fluoride in public water supplies to optimal levels.

In response to an initiative of U.S. Surgeon General Dr. David Satcher, the Department has undertaken the development of a statewide strategic oral health plan with the support of a variety of private sector organizations and State agencies, including the Departments of Human Services and Education. This plan will address disease prevention and access to basic dental care and is expected to lay the ground work for community oral health activities for the coming decade.



1949

The Dental Division was added to the Department of Health.



1889

Kalihi Receiving Station
built in 1889 to receive
Hansen's Disease patients.

COMMUNICABLE DISEASE Surveillance & Immunization

With the outbreak of dengue fever on Maui and the potential threat of bioterrorism,

the department conducted heightened surveillance activities to closely monitor and investigate disease activity statewide. With a state-of-the-art surveillance program that is one of the most comprehensive in the nation, the department worked diligently to track suspect and confirmed cases of reportable illnesses. Extensive communication with health professionals also took place with training sessions for physicians, statewide medical alerts and updated website information targeted to clinicians.

In 2001, significant influenza vaccine delays required extensive work with the media to educate the public on flu vaccine availability, at-risk populations and flu shot clinic locations statewide. The Immunization Program worked with community health partners and Ask Aloha United Way to alleviate growing public fears and answer increased concerns.

Extensive outreach campaigns were also initiated to improve pneumococcal vaccinations rates. With Hawai'i's growing population of at-risk seniors, improving pneumonia immunization rates is of critical importance.

During an extensive mercury spill in March, our Epidemiology staff collected over 200 samples from exposed individuals through free testing clinics offered by the department. Of those samples taken, only two individuals had slightly elevated, but not significant, mercury levels. During the incident, health information was also provided to the public, on-site responders and the medical community.

We also worked with the Department of Education, the Hawai'i Chapter of the American Academy of Pediatrics and the Hawai'i Academy of Family Physicians to amend rules for immunization requirements for students entering preschool, kindergarten and 7th grade. These new requirements will go into effect on July 1, 2002, preceded by extensive public education and outreach.

new immunization requirements will go into effect on July 1, 2002

12



1899

Plague controlmen dusting with
sulphur dioxide during plague epidemic.

*Plague controlmen dusting with
sulphur dioxide during plague epidemic*



Behavioral Health

FELIX CONSENT DECREE

The state has made significant progress

in attaining compliance with the Felix Consent Decree and has clearly shown that more students are receiving the support they need. Well over half the school complexes have demonstrated full compliance with the terms of the Consent Decree.

Through a strong collaborative effort between DOH and DOE, approximately 8,000 Felix-class children were smoothly transferred effective July 1, 2001 from DOH agency-provided services to school-based mental health services. This change aligns Hawai'i with traditional models on the U.S. Mainland and assures all public school students timely and appropriate outpatient mental health services on or near their own school campus.

In 2001, the DOH also achieved national recognition for its work in this area. The U.S. Department of Health and Human Services selected Hawai'i as one of five states to participate in the third Policy Academy of Developing Systems of Care for Children with Mental Health Needs and Their Families. Additionally, the Florida Mental Health Institute of the University of South Florida choose to study Hawai'i's use of evidence-based treatment in children's mental health. Both organizations are highly regarded as leaders in children's mental health and this recognition brings Hawai'i to the forefront.

2001

The Kau Kau Café, Hawai'i State Hospital's first consumer-run vocational food service training site, provides valuable experience for those at the hospital and other community programs.



ADULT MENTAL HEALTH

A major milestone was achieved with the completion of a comprehensive

statewide needs assessment for Hawai'i's seriously mentally ill population. The study is the basis for the department's statewide implementation plan to address the needs of the seriously mentally ill identified in the decade long Department of Justice settlement agreement.

Conducted by the nationally recognized Human Services Research Institute (HSRI) in collaboration with Technical Assistance Collaborative, Inc. (TAC), the needs assessment confirmed that the DOH Adult Mental Health Division has accurately identified the seriously mentally ill population of Hawai'i. The study cited 39 specific service areas needed to provide comprehensive 24-hour care as individuals cycle through stages of acute and chronic mental illness. These services include areas such as housing, rehabilitation, vocational training, community support and inpatient care.

Budget recommendations from the study included an increase of \$60 million for the Adult Mental Health Division and a major reallocation of funding resources. The study recommended that the budget for community living resources be increased from \$7.5 million (12% of current spending) to \$45 million (37% of recommended budget). Rehabilitation and vocational training should be bolstered from \$2.9 million (5%) to \$17 million (14%).

These findings were shared with representatives of consumers, family members, service providers, staff and advocates through a series of meetings conducted across the State. Working collaboratively, they developed a comprehensive four-year plan to significantly expand and improve upon community-based services for persons with severe mental illness. These services will create more opportunities for individuals to recover and become contributing and welcomed members of our communities.

a comprehensive four-year plan to significantly expand and improve upon community-based services for persons with severe mental illness

The strategic plan provides the direction and tools for a responsive, efficient, consistent and effective system of care for Hawai'i's seriously mentally ill. With proper funding, the state can look forward to lifting the weight of federal oversight and eventually addressing the settlement agreement issues.

Hawai'i State Hospital

This year the Hawai'i State Hospital made major strides in its ability to provide quality services to the state's seriously mentally ill. Accomplishments included successfully maintaining national accreditation status following an intensive unannounced inspection from the Joint Commission on Accreditation of Health Organizations (JCAHO). An exhaustive national search was rewarded with a new permanent Hospital Administrator joining staff to provide sustained leadership.

To address security concerns raised from issues including overcrowding and patients leaving the grounds without authorization, the hospital increased its focus on creating safe environments for both patients and staff. To meet space needs due to the temporary closure of the aging Guensberg Building, the hospital added four portable buildings on the grounds and established contract services with private accredited psychiatric facilities.

Other improvements include the installation of additional perimeter fencing and locking systems, incorporation of a state-of-the-art Security Management System and an increased focus on treatment planning. The hospital experienced decreases in patient unauthorized leaves, patient readmissions within 30 days and staff overtime hours.

In November 2001, the hospital opened its first consumer-run vocational food service training site. The "Kau Kau Café" is a full-service eatery, which offers a fresh alternative to the hospital's cafeteria. This new and innovative training program

provides valuable work experience for those at the hospital and in other community programs. The Café is the result of a unique partnership between the Hawai'i State Hospital, the Office of United Self-Help, Steadfast Housing Development Corporation, and the Honolulu, Koolau and Waipahu Clubhouses. Collectively, these programs provide an array of rehabilitation, housing and support services to the seriously mentally ill.



This program is one of many activities the department is pursuing to develop training and work opportunities as we continue to build on a comprehensive array of community-based behavioral health services statewide.

STATE INCENTIVE GRANT

This past year Hawai'i was awarded an \$8.4 million State Incentive Grant

to be used over a three-year period for youth substance abuse prevention. Specifically, grant activities will strengthen efforts to reduce illegal drug and alcohol use among youth and will also help the state develop a coordinated strategy for tracking performance and results of programs.

we administered 13 grants statewide to community groups for evidence-based prevention practices

Through this federal grant from the Center for Substance Abuse and Prevention, we administered 13 grants statewide to community groups for evidence-based prevention practices that effectively reduce youth alcohol and drug use. To qualify, community people formed local Community Prevention Partnerships to assess their local needs and the resources and resource gaps that exist in their communities. The partnerships design and implement a broad range of prevention strategies targeting youth, parents, schools and communities.



SURVEY FINDINGS

An essential tool in our fight against alcohol and drug abuse are the various annual surveys

conducted of Hawai'i's youth and adult populations. They serve not only to help in evaluating the effectiveness of our prevention programs, but also to target regions of the state and populations in need of substance abuse treatment. The surveys guide the planning and development of annual goals and programs.

The 2000 Hawai'i Student Alcohol, Tobacco, and Other Drug Use Study, released in 2001, and done in collaboration with the University of Hawai'i's Department of Speech, was designed to assess prevalence and trends in substance use, treatment needs and identified community factors that can be targeted to help prevent youth substance abuse. The survey was conducted among sixth, eighth, tenth and twelfth graders in 198 public and 39 private schools in Hawai'i and funded with federal funds from the Center for Substance Abuse Prevention.

The study indicates that while substance abuse rates among Hawai'i's youth are decreasing, 14 percent of sixth to twelfth graders meet the criteria for needing substance abuse treatment. Comparisons across counties show that Hawai'i County has the greatest percentage of students exposed to a high number of risk factors. Comparisons across ethnic groups show that larger proportions of Native Hawaiian and Caucasian students are exposed to a high number of risk

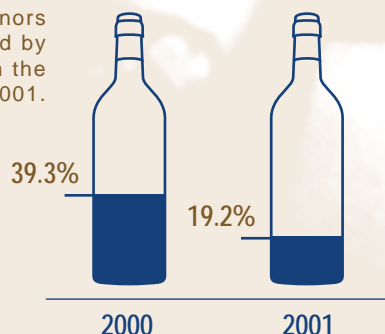
factors. With this type of detailed findings, we are better able to develop targeted treatment programming and research-based prevention models to reverse or reduce elevated risk factors.

In Hawai'i, the issue of underage drinking continues to be a serious problem that begins with children as young as age nine. Together with our First Lady Vicky Cayetano, who is one of the co-chairs of the national First Spouse Leadership to Keep Children Alcohol Free Initiative, we kicked off an underage drinking awareness campaign to raise parents' knowledge and concern about the problem. Tackling the problem now will help avoid the tragedy of it affecting more lives in the future.

To help curb underage drinking, the Underage Alcohol Sales Survey was conducted in partnership with the Honolulu Liquor Commission, the Honolulu Police Department and the University of Hawai'i's Center for Cancer Research. The survey is a series of unannounced inspections of retail outlets and related enforcement activities designed to reduce minor's access to alcohol. Results reveal that Hawai'i's non-compliance rate for alcohol sales to minors on Oahu in Fiscal Year 2001 was 19.2 percent, about half of what it was in Fiscal year 2000 (39.3 percent). Over 80 percent of Oahu retail stores do not sell alcohol to minors.

To eliminate youth access to tobacco, through a joint program with the University of Hawai'i's Cancer Research Center, the Alcohol and Drug Abuse Division completed its sixth annual survey which monitors the State's compliance with the Synar Regulation of the federal Public Service Act of 1993. The non-compliance rates have dropped from 44 percent in 1996 to the lowest rate of 7 percent last year. Although the sale of tobacco to minors has been reduced, this year's slight rise to 7.7 percent indicates that more can and should be done in educating store clerks.

Alcohol sales to minors on Oahu dropped by about half from the Fiscal Year 2000 to 2001.





Environmental Health

PROTECTING CLEAN WATER

DOH is tasked under federal law to monitor and protect Hawai'i's waters

to ensure that they conform with health standards. To meet this mandate, we have initiated a comprehensive stream water monitoring program and established a Total Maximum Daily Load (TMDL) coordinator.

Over the next five years, samples from each of the more than 375 streams in the state will be tested during both wet and dry seasons. We have already collected data on more than 150 streams. This will, for the first time, provide comprehensive scientific information to allow us to assess the relative quality of our inland waters. Streams and waterways that do not meet standards will undergo a more comprehensive study, called a TMDL. This work will be overseen by our new coordinator. Already these detailed studies have been completed for three streams and plans to repair polluted waters are being finalized.

In the past two years, our Polluted Runoff Program has administered \$1.5 million in grants to fund more than a dozen projects that will prevent silt and chemicals from running into our streams during rainy days. In the coming year, we will provide another \$750,000 for these projects.

STOPPING POLLUTION on the LAND

Used automobile tires have been dumped on every island in piles and abandoned,

creating a health and environmental risk. To solve this problem, DOH proposed new legislation to create a tire disposal fund for the state. With the passage of this bill, the Solid Waste program has collected more than a million dollars to clean up tire piles around the state. One pile of chipped tires in rural Oahu will require more than one million dollars to remove and recycle. Work has begun to clean this and other tire piles. Funds have been made available to each county to assist them in removing used tires collected by their programs.

We also initiated a successful used auto battery pick up program in partnership with the Salvation Army. Under contract with DOH, the non-profit company picked up hundreds of old car batteries from the public and delivered them to recyclers. Without this program, the batteries could have ended up as hazardous waste in our environment.

In 2001, the Hazardous Waste program received full delegation from the EPA. This delegation can take place only after a program has proven that it has the ability to implement and enforce complex hazardous waste laws. Today, Hawai'i's program is a model for the region and has been praised by the EPA for its record of achievement and success in preventing harmful chemicals from hurting the environment.

MERCURY SPILL Response

On March 12, 2001, the DOH confirmed extensive mercury contamination



at the Puuwai Momi housing complex. Hazard Evaluation and Emergency Response (HEER) staff worked around the clock to assess the extent of the contamination and organize an effective response to this public health emergency. HEER staff worked closely

with Police, Fire, Civil Defense and the Red Cross to evacuate residents, and identify and address affected areas.

A total of 71 out of 260 apartment units were found contaminated and cleared of mercury. The department also responded to an additional 18 other reported spills around the island over a three-week period. Clean up required vacuum removal of mercury from areas outside and within affected homes and constant and continual monitoring of mercury levels. Some units required extensive cleaning and/or removal of floors, walls, furniture, appliances and personal items.

To address the source of the mercury, the department used emergency measures to clean and remove over 30 lbs. of the toxic substance from the old Aiea pump house located near Richardson Field.

A number of state, federal and private agencies joined the clean up efforts of what could be considered the most extensive spill in the state's history. Initial efforts by the Honolulu Fire Department, Honolulu Police Department and DOH were followed by support from the American Red Cross, U.S. Navy and Air Force, U.S. Environmental Protection Agency, Department of Public Safety, Salvation Army, University of Hawai'i, State Department of Defense, Department of Land and Natural Resources and the State Housing and Community Development Corporation.

CONTAMINATION CLEAN UP/Honolulu Harbor

Our Volunteer Response Program has, in just the last three years, expedited

the environmental clean up of 12 industrial properties and promoted their redevelopment and return to productive economic use. This year, another major accomplishment was added by successfully bringing together companies and landowners to remove the underground oil contamination from the Honolulu Harbor area. It is anticipated that this project will be one of the largest and most extensive long-term environmental clean ups in the state's history.

Beginning in September, work began on a targeted subsurface investigation and assessment with drilling of more than a hundred sites in three areas along the waterfront to identify the nature and location of oil and chemical contamination. The assessment was part of a voluntary agreement with the Honolulu Harbor Participating Partners.

We had previously entered into a voluntary clean up agreement with the Hawai'i Department of Transportation and five other Honolulu Harbor property owners or operators in February 1998. The proposed redevelopment of Honolulu Harbor helped drive this initial agreement which has subsequently increased the number of participating parties to 12.

The overall goal of the agreement is to develop and implement a comprehensive strategy to address past, present and future environmental contamination problems in the Honolulu Harbor area. Investigation and assessment phases with state and federal oversight have been completed. A plan of action has been developed and will be implemented to begin the next phase of actual clean up. It is expected that the entire clean up of the harbor will span five to ten years.



Administration

PUBLIC HEALTH PERFORMANCE STANDARDS

Hawai'i is one of six states that was selected as a test site for the Centers for Disease

Control's National Public Health Performance Standards Program (NPHPSP). A performance measurement system will provide information to advocate for public health at state and local levels, shape policy decisions and target resources to improve the health of the public.

Using an assessment tool modified from previous states' experience, Hawai'i completed both the state agency and the local assessment phases. The state agency portion was conducted with DOH division chiefs and selected staff while community members from all islands were invited to complete the local assessment tool. Both sets of participants rated the state agency and the local public health systems' performance.

The preliminary state average results indicate that Hawai'i is doing satisfactory to well in many areas including diagnosing and investigating health problems, enforcing laws and regulations, and researching for new insights and innovative solutions. Findings also indicate that improvement is needed in the areas of monitoring health status, mobilizing community partnerships, assuring a competent workforce and evaluating accessibility and quality.

The DOH will use these results to direct efforts to be one of the best public health systems within the nation. In order to attain this goal, the department must provide ongoing training to its staff regarding best practices, improve its capacity to engage the community in the active development of solutions to public health issues and improve public health infrastructure that will allow for statewide needs assessment and strategic planning.

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT

Pivotal to the functions of assessment, evaluation and research is access

to timely and accurate data. Therefore, the department has moved to expand its public health information technology. There is a need to store and exchange information effectively among the various programs within the department as well as with the private health care system. Integration of departmental data will need to comply with both departmental and federal policies and procedures for confidentiality and public

HIPAA was established to address the need for standardized electronic transaction processing

access. The Health Insurance Portability & Accountability Act or HIPAA was established to address the need for standardized electronic transaction processing. It also includes provisions designed to encourage national patient record privacy standards to protect confidentiality. In its role as a health care provider and contractor, the Department of Health must comply with this law or incur criminal and civil penalties.

The scope of compliance activities is expansive. As such, critical needed funding will be required if the state is to meet the compliance deadline of October 2003.

COMPREHENSIVE RURAL HEALTH PLAN

After conducting a meta-analysis of 98 plans on rural Hawai'i, public meetings were held

with approximately 20 rural communities throughout the state to hear directly their unique health concerns. The results from these meetings are being used to develop a statewide Comprehensive Rural Health Plan (CRHP) that will serve as a community, state and federal resource. The goals of the CRHP are to define rural health needs and to identify strategies to meet those needs.

The first step in the process is to identify and prioritize rural health needs. From that point, the process continues to formulate strategies to meet those needs, garner resources to implement strategies and evaluate those strategies to ensure that those needs are being met sufficiently. Findings to date have identified four key causal factors underlying common rural health needs: the economy, education, access challenges and behavioral health issues.

The meetings were organized as a collaborative effort between the public and private sectors. Working with the Hawai'i Rural Health Association, a community-up process was used rather than the typical top down process that communities have had imposed upon them in the past. Such a process not only generates results that communities can use immediately, but also provides a mechanism to ensure that the voices and messages of residents are reflected in the final Plan.

Follow-up meetings will be held with these same communities to ensure that they were heard correctly and to share results from other rural communities.

2001

DOH meets with rural communities statewide to identify and prioritize their health needs.



a community-up process was used rather than the typical top-down process

REINVENTING the OFFICE of HEALTH STATUS MONITORING

The Office of Health Status Monitoring (OHSM) took on the challenge of reinventing

government in the year 2000. Having experienced a severe reduction in resources for conducting its operations during the state's troubled economic times of the 1990s, the reinvention project was launched in mid-2000 and calls for changes over a 3-4 year period.

OHSM's primary function is to serve as the repository and custodian of vital records in Hawai'i, with its irreplaceable collection of original (paper-based) records for birth, death, marriage, and divorce events dating as far back as 1840. In addition, the OHSM produces vital statistics (e.g., birth and death levels and rates) derived from these records and used by public health and other agencies of the county, state, and federal governments.

Areas of focus include transformation of the registration process from paper to electronic-based, enhancement of the certified copy issuance activity, preservation and storage of vital records, dissemination of vital statistics, and revision of administrative rules and regulations.

preparations began for the registration of birth events by hospitals to be totally electronic by January 1, 2002

Electronic registration of deaths was launched in the Fall of 2001 and allows mortuaries to produce computer-generated death certificates from PCs for submission to the Department of Health. Preparations began for the registration of birth events by hospitals to be totally electronic by January 1, 2002, and legislative proposals were prepared for the 2002 legislative session to permit the conversion of marriage and divorce registration from paper to completely electronic-based.

An agency-initiated legislative proposal was enacted during the 2001 legislative session that establishes a new information product to complement the traditional certified copy. Unique to Hawai'i, this new law authorizes the use of verifications to certify the facts of birth, death, marriage and divorce in lieu of a certified copy. The new law also permits government agencies to update lists of persons (e.g., jury pool candidates, registered voters, licensed drivers) by requesting verification of the deaths of listed persons.

A working draft of a consistent, coherent, updated and complete set of administrative rules and regulations was completed and is under review by the Office of Attorney General and the Legislative Reference Bureau.



Fiscal Year 2001

ANNUAL EXPENDITURE REPORT

ANNUAL EXPENDITURE REPORT • Fiscal Year 2001

Program	Total	State	Federal	Special/ Revolving	Other/ Trusts
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GENERAL ADMINISTRATION

Departmental Administration	4,556,612	4,258,884	213,276	83,952	500
Office of Health Status Monitoring	1,738,514	1,240,286	255,418	239,532	3,278
Office of Planning, Policy & Programming Dev.	494,392	81,475	412,917	0	0
State Health Planning	433,383	419,299	0	14,084	0
Disability & Communication Access Board	787,823	647,609	0	0	140,214
Developmental Disabilities Council	594,442	96,900	497,542	0	0
Office of Environmental Quality Control	246,170	246,170	0	0	0
Executive Office on Aging	10,400,467	4,951,716	5,251,657	0	197,094
TOTAL - General Administration:	19,251,803	11,942,339	6,630,810	337,568	341,086

DISTRICT HEALTH OFFICES (DHO)

Hawai'i	465,999	455,999	10,000	0	0
Maui	341,810	341,810	0	0	0
Kaua'i	391,100	359,415	31,685	0	0
TOTAL - DHO	1,198,909	1,157,224	41,685	0	0

SUBSIDIES, GRANTS, FUNDS

Subsidies/grants to Medical Facilities	2,238,362	2,238,362	0	0	0
Hawaii Community Foundation from TSSF ⁽¹⁾	13,258,708	0	0	13,258,708	0
State Child Health Insurance Program from TSSF ⁽¹⁾	3,639,695	0	0	3,639,695	0
TOTAL - Subsidies	19,136,765	2,238,362	0	16,898,403	0

CAPITAL IMPROVEMENT PROJECTS (CIP)

Environmental Health Administration	14,345,179	0	0	10,499,179	3,846,000
Capital Improvement Project Loans					
Other (including HHSC)	1,566,685	0	0	0	1,566,685
TOTAL - CIP	15,911,864	0	0	10,499,179	5,412,685

⁽¹⁾ TSSF--Tobacco Settlement Special Fund

Program	Total	State	Federal	Special/ Revolving	Other/ Trusts
HEALTH RESOURCES ADMINISTRATION (HRA)					
Administration (Deputy Director's Office)	2,885,496	130,352	98,857	2,656,287	0
Emergency Medical Services (including Injury Prevention & Control) ⁽³⁾	23,612,632	22,903,132	708,743	0	757
Family Health Services (FHSD)					
Administration	3,951,885	2,343,129	576,880	979,643	52,233
Children with Special Health Needs	11,200,240	6,979,482	3,280,082	907,363	33,313
Maternal and Child Health	17,533,959	12,259,666	5,174,747	0	99,546
School Health ⁽²⁾	1,443,282	1,443,282	0	0	0
Women, Infants & Children Services ⁽³⁾	25,882,570	736	25,880,864	0	970
TOTAL - FHSD	60,011,936	23,026,295	34,912,573	1,887,006	186,062
Developmental Disabilities (DDD)					
Administration	841,771	631,997	99,560	0	110,214
Case Management & Information	20,962,261	20,961,960	0	0	301
Developmental Disabilities Services	7,335,032	7,334,560	0	0	472
TOTAL - DDD	29,139,064	28,928,517	99,560	0	110,987
Community Health (CHD)⁽³⁾					
Administration	1,393,146	322,241	0	1,070,905	0
Public Health Nursing/School Health Aides	12,546,864	12,402,133	0	0	144,731
Chronic Disease Management & Control ⁽³⁾	3,149,347	1,016,075	2,074,259	0	59,013
TOTAL - CHD	17,089,357	13,740,449	2,074,259	1,070,905	203,744
Communicable Disease (CDD)					
Administration	337,964	337,964	0	0	0
Epidemiology	3,804,447	1,232,849	2,399,713	0	171,885
STD/AIDS Prevention	10,391,704	5,240,459	5,148,923	0	2,322
Tuberculosis Control	3,151,188	2,179,658	971,530	0	0
Hansen's Disease	4,565,408	4,028,428	535,967	0	1,013
TOTAL - CDD	22,250,711	13,019,358	9,056,133	0	175,220
Dental Health (DHD)					
Administration	152,696	152,696	0	0	0
Dental Hygiene	535,146	499,649	35,497	0	0
Hospital & Community Dental Services	1,020,057	1,020,057	0	0	0
TOTAL - DHD	1,707,899	1,672,402	35,497	0	0
TOTAL - HRA	156,697,095	103,420,505	46,985,622	5,614,198	676,770

⁽²⁾ The School Health (occupation and physical therapies) program was transferred to the Dept. of Education, effective January 1, 2001 pursuant to Act 123/00.

⁽³⁾ The following reorganization was acknowledged by the Director of Finance on January 17, 2001 - the Health Promotion & Education Division was abolished. Programs within HPED were distributed as follows: WIC Services Branch is under Family Health Services Division; Injury Prevention & Control program is now a part of the Emergency Medical Services System Branch; and the Health Promotion & Education, Preventive Health Services and Nutrition Branches were combined into the Chronic Disease Management & Control Branch under the renamed Community Health Division.

ANNUAL EXPENDITURE REPORT • Fiscal Year 2001

Program	Total	State	Federal	Special/ Revolving	Other/ Trusts
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ENVIRONMENTAL HEALTH ADMINISTRATION (EHA)

Administration (Deputy Director's Office)	157,860	157,860	0	0	0
Environmental Resources	239,873	89,632	150,241	0	0
Environmental Planning	562,418	127,650	434,768	0	0
Hazard Evaluation & Emergency Response	2,450,546	329,737	660,885	1,458,657	1,267
Health Care Assurance Office	2,014,532	842,937	1,171,595	0	0

Environmental Management (EMD)

Administration	122,661	122,661	0	0	0
Clean Air <i>(includes Compliance Assistance Office)</i>	2,791,474	239,676	400,469	2,151,329	0
Clean Water	2,582,500	1,018,282	1,564,218	0	0
Safe Drinking Water	2,214,923	525,678	479,127	1,210,118	0
Solid & Hazardous Waste	4,485,789	226,703	985,290	3,273,796	0
Wastewater	1,517,856	469,753	0	961,285	86,818
TOTAL - EMD	13,715,203	2,602,753	3,429,104	7,596,528	86,818

Environmental Health Services (EHS)

Administration	208,277	153,824	0	54,453	0
Sanitation	2,410,102	2,105,562	0	304,112	428
Vector Control	2,014,214	1,874,280	0	0	139,934
Noise, Radiation & Indoor Air Quality	1,041,555	472,662	473,116	95,058	719
Food & Drug	746,547	746,547	0	0	0
TOTAL - EHS	6,420,695	5,352,875	473,116	453,623	141,081

State Laboratories (SLD)

Administration	276,667	276,667	0	0	0
Central Services	890,166	890,166	0	0	0
Environmental Health Analytical Svcs	2,242,697	1,987,346	255,180	0	171
Medical Microbiology	954,692	786,872	167,820	0	0
Laboratories, Hawai'i	173,196	173,196	0	0	0
Laboratories, Maui	155,809	155,809	0	0	0
Laboratories, Kaua'i	136,135	136,135	0	0	0
TOTAL - SLD	4,829,362	4,406,191	423,000	0	171

TOTAL - EHA	30,390,489	13,909,635	6,742,709	9,508,808	229,337
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Program	Total	State	Federal	Special/ Revolving	Other/ Trusts
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BEHAVIORAL HEALTH SERVICES ADMINISTRATION (BHSA)

Administration (Deputy Director's Office)	124,856	124,856	0	0	0
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Adult Mental Health (AMHD)

Central Administration Services	529,038	529,038	0	0	0
Program Support Services	4,976,253	4,528,293	447,960	0	0
Courts & Corrections	362,958	362,958	0	0	0
Oahu Community Mental Health Center (MHC)					
Central Oahu	1,453,909	1,435,405	0	15,546	2,958
Diamond Head	752,738	711,623	0	41,115	0
Kalihi-Palama	1,692,997	1,618,008	0	72,950	2,039
Windward Oahu	851,183	833,391	0	17,792	0
Hawai'i County Community MHC	2,299,634	2,207,723	0	91,711	200
Maui County Community MHC	1,179,017	1,175,832	0	1,409	1,776
Kaua'i County Community MHC	1,221,801	1,145,369	0	76,269	163
Waianae Community MHC	26,577	26,577	0	0	0
Emergency Psychiatric Care	124,324	124,324	0	0	0
Chronically Mentally Ill	1,719,250	1,530,062	0	189,188	0
Mental Health Community Treatment & Prevention	14,997,095	13,925,450	1,071,645	0	0
Community based Mental Health - Elec Data Proc	62,371	62,371	0	0	0
Hawai'i State Hospital	31,783,176	31,736,693	0	0	46,483
TOTAL - AMHD	64,032,321	61,953,117	1,519,605	505,980	53,619

Alcohol & Drug Abuse (ADAD)

Administration	599,684	217,917	221,032	160,735	0
Program Development Services	707,928	367,773	340,155	0	0
Community & Consultative Services	551,789	360,359	70,589	120,841	0
Alcohol & Drug Abuse Treatment & Prevention	12,201,457	5,277,425	6,924,032	0	0
TOTAL - ADAD	14,060,858	6,223,474	7,555,808	281,576	0

Children & Adolescent Mental Health (CAMHD)

Administration	3,976,270	3,355,724	0	620,546	0
Community Children Council Office	285,068	285,068	0	0	0
Complaints Resolution Office	81,518	81,518	0	0	0
Program Support & Dev Services/Quality Mgmt	1,691,708	630,643	0	0	1,061,065
Family Guidance Center Branch					
Central Oahu	942,387	904,854	37,533	0	0
Diamond Head	1,388,828	1,384,964	0	0	3,864
Kalihi-Palama	612,868	612,868	0	0	0
Leeward Oahu	1,188,265	1,044,873	143,392	0	0
Windward Oahu	1,467,069	1,467,069	0	0	0
Hawai'i	2,488,769	2,488,769	0	0	0
Maui	1,459,467	1,458,353	0	0	1,114
Kaua'i	655,824	655,824	0	0	0
Family Court Liaison	513,344	513,344	0	0	0
Cluster System Program	1,342,563	861,655	0	0	480,908
CAMH Treatment Prevention	111,922,357	107,238,964	740,523	3,942,870	0
TOTAL - CAMHD	130,016,305	122,984,490	921,448	4,563,416	1,546,951

TOTAL - BHSA	208,234,340	191,285,937	9,996,861	5,350,972	1,600,570
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ANNUAL EXPENDITURE REPORT • Fiscal Year 2001

Program	Total	State	Federal	Special/ Revolving	Other/ Trusts
HAWAII HEALTH SYSTEMS CORP (HHSC)⁽⁴⁾					
Administration	16,787,724	13,000,000	0	3,787,724	0
County of Honolulu					
Leahi	11,361,830	0	0	11,358,739	3,091
Maluhia	9,032,434	0	0	9,032,434	0
County of Hawai'i					
Hilo	36,917,064	0	0	36,913,382	3,682
Honokaa	3,072,544	0	0	3,066,297	6,247
Kohala	1,991,123	0	0	1,991,123	0
Kona	15,871,052	0	0	15,869,192	1,860
Ka'u	1,426,965	0	0	1,426,965	0
County of Maui					
Kula	7,125,196	0	0	7,125,196	0
Maui Memorial	34,008,219	0	0	34,008,219	0
Lana'i	1,396,480	0	0	1,396,480	0
County of Kaua'i					
Kaua'i Veterans	7,032,033	0	0	7,031,487	546
Samuel Mahelona	5,195,475	0	0	5,195,475	0
TOTAL - HHSC	151,218,139	13,000,000	0	138,202,713	15,426

GRAND TOTAL - DOH	602,039,404	336,954,002	70,397,687	186,411,841	8,275,874
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⁽⁴⁾ The expenditures for the HHSC are shown primarily for personal services costs that go through the Department of Accounting & General Services; whereas most of the other expenditures are made through HHSC's own accounting system which is not reflected in these expenditures.

Employee OF THE YEAR



Chester Park

*Environmental Health Services Division
Hawai'i District Health Office
Vector Control
Laboratory Assistant III*

Stepping forward to provide invaluable assistance outside of his normal workload, Chester developed new software programs to support the department's statewide Vector Control Program. Due to his diligence and commitment, he saved the state between \$25,000 to \$50,000 which would have otherwise been spent for software modifications. His software development has resulted in an improved and more efficient Vector Control Program.

Manager OF THE YEAR



Linda Fox

*Adult Mental Health Division
Public Health Administrator*

Known as a responsible, capable, warm, caring and highly approachable leader, Linda provides strong leadership in effecting revolutionary changes in the pursuit of Adult Mental Health Division goals. Under her leadership, the department has made significant gains in addressing the needs of Hawai'i's seriously mentally ill. These include the completion of a comprehensive statewide needs assessment and the development of a comprehensive four-year plan to significantly expand and improve upon community-based services for persons with severe mental illness.

Team OF THE YEAR



**Baron Chan
Fabiola Castellano
Carol Pagaduan (not shown)**

*WIC Vendor Management Unit
Family Health Services Division*

With an enormous and diverse workload, this team successfully manages WIC vendors on Oahu, Hawai'i, Maui and Kaua'i. Vendors range from small mom & pop stores to giant outlets and areas of management include contract approval, compliance, training, handling of complaints and imposing sanctions. In addition to their immense workload, this team also successfully incorporated new procedures and new federal guidelines for the automated SWICH system. This major undertaking included extensive work on the application process and additional training for managers and cashiers.

DEPARTMENTAL PHONE LISTING



Department of Health
Kinau Hale • 1250 Punchbowl Street
Honolulu, Hawai'i 96813

DEPARTMENT OF HEALTH

Phone: (808) 586-4400

Director of Health	586-4410
Disability & Communication Access Board	586-8121
Developmental Disabilities Council	586-8100
Office of Environmental Quality Control	586-4185
State Health Planning & Development Agency	586-8788
Executive Office on Aging	586-0100
Hawai'i Health Systems Corporation	733-4020

Deputy Director for Administration	586-4412
Office of Planning, Policy & Program Development	586-4188
Administrative Services Office	586-4550
Office of Health Status Monitoring	586-4600
Office of Health Care Assurance	586-4080
Personnel Office	586-4520
Affirmative Action Office	586-4616
Health Information Systems Office	586-4450
State Laboratories Division	453-6652
Communications Office	586-4442
Hawai'i District Health Office	974-6006
Maui District Health Office	984-8200
Kaua'i District Health Office	241-3614

Deputy Director for Health Resources	586-4433
Communicable Disease Division	586-4580
Epidemiology Branch	586-4586
STD/AIDS Prevention Branch	733-9010
Tuberculosis Control Branch	832-5737
Family Health Services Division	586-4122
Children with Special Health Needs Branch	733-9055
Early Intervention Section (Zero to Three)	973-9650
Maternal and Child Health Branch	733-9022
Women, Infants and Children Branch (WIC)	586-8175
Community Health Nursing Division	587-4748
Public Health Nursing Division	586-4620
Chronic Disease Management & Control Branch	586-4609
Nutrition & Physical Activity	586-4671
Bilingual Health Services	586-4661
Tobacco Prevention & Control Section	586-4613
Dental Health Division	832-5700
Developmental Disabilities Division	586-5840
Case Management & Information Services Branch	733-9172
Hansen's Disease Branch	733-9831
DD Services Branch (Waimano TSH)	453-6301
Emergency Medical Services System	733-9210
Injury Prevention & Control Program	586-5940
Office of Health Equity	586-4673

Deputy Director for Behavioral Health	586-4416
Adult Mental Health Division	586-4686
Oahu Community Mental Health Center	832-5770
Hawai'i Community Mental Health Center	974-4300
Maui Community Mental Health Center	984-2150
Kaua'i Community Mental Health Center	274-3190
Hawai'i State Hospital	236-8237
Alcohol & Drug Abuse Division	692-7506
Child & Adolescent Mental Health Division	733-9333
Family Guidance Centers	933-0610
Central Oahu Family Guidance Center	453-5900
Diamond Head Family Guidance Center	733-9393
Kalihi-Palama Family Guidance Center	832-3792
Leeward Oahu Family Guidance Center	692-7700
Windward Oahu Family Guidance Center	233-3770
Hawai'i/Hilo Family Guidance Center	933-0610
Kona Family Guidance Center	322-1542
Kaua'i Family Guidance Center	274-3883
Maui Family Guidance Center	873-3362
Waimea Family Guidance Center	887-8100

Deputy Director for Environmental Health	586-4424
Compliance Assistance Office	586-4528
Environmental Planning Office	586-4337
Environmental Resources Office	586-4575
Hazard Evaluation & Emergency Response Office	586-4249
Environmental Health Services Division	586-4576
Food and Drug Branch	586-4725
Noise and Radiation Branch	586-4700
Sanitation Branch	586-8000
Vector Control Branch	831-6767
Environmental Management Division	586-4304
Clean Air Branch	586-4200
Clean Water Branch	586-4309
Safe Drinking Water Branch	586-4258
Solid & Hazardous Waste Branch	586-4226
Wastewater Branch	586-4294

ORGANIZATIONAL STRUCTURE



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